

<i>SERFF Tracking Number:</i>	<i>ELCC-125668748</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Equitable Life & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>39120</i>
<i>Company Tracking Number:</i>	<i>1MS-SM</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>EquiChoice</i>		
<i>Project Name/Number:</i>	<i>1MS-SM/1MS-SM</i>		

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: EquiChoice

SERFF Tr Num: ELCC-125668748 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 39120

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: 1MS-SM

State Status: Filed-Closed

Filing Type: Advertisement

Co Status: Submitted

Reviewer(s): Stephanie Fowler

Author: Jana Peterson

Disposition Date: 06/18/2008

Date Submitted: 05/28/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 1MS-SM

Status of Filing in Domicile: Pending

Project Number: 1MS-SM

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/18/2008

State Status Changed: 06/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We submit the above referenced form for filing by your department. This will be used in the marketing of our Medicare Supplement policies, Form 920, which were previously approved for use in your state.

This form will be mailed to prospective applicants, and positive responses will be forwarded to our licensed and appointed agents in this state. This form states that a licensed agent may contact the consumer.

SERFF Tracking Number:	ELCC-125668748	State:	Arkansas
Filing Company:	Equitable Life & Casualty Insurance Company	State Tracking Number:	39120
Company Tracking Number:	IMS-SM		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	EquiChoice		
Project Name/Number:	IMS-SM/IMS-SM		

Company and Contact

Filing Contact Information

Jana Peterson, Compliance Specialist	Jana.Peterson@Equilife.com
3 Triad Center	(877) 579-3782 [Phone]
Salt Lake City, UT 84180	(801) 579-3781[FAX]

Filing Company Information

Equitable Life & Casualty Insurance Company	CoCode: 62952	State of Domicile: Utah
3 Triad Center	Group Code: -99	Company Type: Life and Health
Suite 200		
Salt Lake City, UT 84180	Group Name:	State ID Number:
(801) 579-3400 ext. [Phone]	FEIN Number: 87-0129771	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	State Filing Fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$25.00	05/28/2008	20543421

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/18/2008	06/18/2008

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<i>Project Name/Number:</i>	<i>IMS-SM/IMS-SM</i>		

Disposition

Disposition Date: 06/18/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELCC-125668748 State: Arkansas
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 39120
Company Tracking Number: IMS-SM
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: EquiChoice
Project Name/Number: IMS-SM/IMS-SM

Item Type	Item Name	Item Status	Public Access
Form	Advertising Self-Mailer	Filed	No

SERFF Tracking Number: ELCC-125668748 State: Arkansas

Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 39120

Company Tracking Number: 1MS-SM

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: EquiChoice

Project Name/Number: 1MS-SM/1MS-SM

Form Schedule

Lead Form Number: 1MS-SM

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed	1MS-SM	Advertising Advertising Self-Mailer	Initial		0	1MS-SM.pdf

{First},

**Are you Paying Too Much For
Your Medicare Supplement Insurance?**

You've already enrolled in Medicare and purchased a Medicare Supplement plan . . . but, did you choose the right plan that best fits your needs?



Compare your current plan with an affordable Medicare Supplement Insurance plan from Equitable Life & Casualty Insurance Company, a leader in Medicare Supplement Insurance since 1965. You will find that the price, prompt claims handling, and personalized services make Equitable's plans among the finest available. With Equitable, you choose the plan that is right for you.

For more information, complete and return the postage paid response card below {or call **888-888-8888**} {or visit **agentsite@EquiLife.com**} {or email **8888888888@888888.com**}. **This information is FREE and there is absolutely no obligation!**



Equitable & You

... Committed To Caring

Neither Equitable Life & Casualty, nor its agents are connected with Medicare. These policies have exclusions or limitations. For costs and complete details of the coverage write to **Equitable Life & Casualty Insurance Company**, 3 Triad Center, Salt Lake City, Utah 84180-1200 • 800-352-5170 • www.EquiLife.com

1MS-SM



I want more information about Medicare Supplement Insurance plans from Equitable. {I am also interested in the following type(s) of insurance:} {__ Home Care (Plan 801)} {__ Assisted Living (Plan 8000)} {__ Nursing Home Care (Plan 690)} {__ Final Expense/Life (Plan 1002)} {__ Long Term Care (Plan 2020)}

Date of Birth _____

Phone(_____) _____

Spouse's Name _____

Spouse's Date of Birth _____

Email _____

FIRST LAST
ADDRESS 1
ADDRESS2
CITY, ST ZIP

A Licensed Equitable Agent will contact you.

There is absolutely no obligation!

Equitable Life & Casualty Insurance Company,
3 Triad Center, Salt Lake City, Utah 84180-1200

1MS-SM

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U.S. Postage
Paid
Salt Lake City, UT
Permit 80



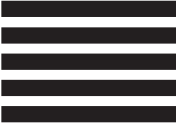
Equitable & You
... *Committed To Caring*
Equitable Life & Casualty Insurance Company
3 Triad Center • Salt Lake City, UT 84180

**ARE YOU PAYING
TOO MUCH FOR YOUR
MEDICARE SUPPLEMENT
INSURANCE?**

FIRST LAST
ADDRESS 1
ADDRESS2
CITY, ST ZIP



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 537 SALT LAKE CITY UT

POSTAGE WILL BE PAID BY ADDRESSEE

EQUITABLE LIFE & CASUALTY INS CO
3 TRIAD CENTER SUITE 200
PO BOX 2460
SALT LAKE CITY UT 84110-9945



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Rate Information

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